

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**ALAMEDA COUNTY TREASURER**  
1221 OAK STREET

OAKLAND CA 94612

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.03911791</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,039,624.03</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,039,624.03</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,039,624.03</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	\$204,178,690.88	Percentage of collection:	0.13016381
Gross monthly apportionment:	\$26,576,676.33	County/City Ratio:	0.00010612

Gross Claim	\$	2,820.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,820.32
YTD Amount:	\$	2,820.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**AMADOR COUNTY TREASURER**  
810 COURT STREET

JACKSON CA 95642

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00132860</b>

<b>Gross Claim</b>	<b>\$</b>	<b>35,309.77</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>35,309.77</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>35,309.77</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
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**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE CA 95965

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00893807</b>

<b>Gross Claim</b>	<b>\$</b>	<b>237,544.19</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>237,544.19</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>237,544.19</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1100036A  
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**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00136297</b>

<b>Gross Claim</b>	<b>\$</b>	<b>36,223.21</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>36,223.21</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>36,223.21</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00106887</b>

<b>Gross Claim</b>	<b>\$</b>	<b>28,407.01</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>28,407.01</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>28,407.01</b>

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**CONTRA COSTA COUNTY TREASURER**  
625 COURT ST RM 102

MARTINEZ CA 94553

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.02011996</b>

<b>Gross Claim</b>	<b>\$</b>	<b>534,721.66</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>534,721.66</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>534,721.66</b>

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**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00127154</b>

<b>Gross Claim</b>	<b>\$</b>	<b>33,793.31</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>33,793.31</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>33,793.31</b>



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EL DORADO COUNTY TREASURER  
360 FAIR LANE

PLACERVILLE CA 95667

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	\$204,178,690.88	Percentage of collection:	0.13016381
Gross monthly apportionment:	\$26,576,676.33	County/City Ratio:	0.00494732

Gross Claim	\$	131,483.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	131,483.32
YTD Amount:	\$	131,483.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.02544470</b>

<b>Gross Claim</b>	<b>\$</b>	<b>676,235.56</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>676,235.56</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>676,235.56</b>

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**GLENN COUNTY TREASURER**

P O BOX 151

WILLOWS CA

95988

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00122313</b>

<b>Gross Claim</b>	<b>\$</b>	<b>32,506.73</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>32,506.73</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>32,506.73</b>

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CLAIM SCHEDULE NUMBER: 1100036A  
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**HUMBOLDT COUNTY TREASURER**  
825 FIFTH STREET ROOM 125

EUREKA CA 95501

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00862799</b>

<b>Gross Claim</b>	<b>\$</b>	<b>229,303.30</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>229,303.30</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>229,303.30</b>

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CLAIM SCHEDULE NUMBER: 1100036A  
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**IMPERIAL COUNTY TREASURER**

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00880356</b>

<b>Gross Claim</b>	<b>\$</b>	<b>233,969.36</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>233,969.36</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>233,969.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	\$204,178,690.88	Percentage of collection:	0.13016381
Gross monthly apportionment:	\$26,576,676.33	County/City Ratio:	0.00165903

Gross Claim	\$	44,091.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	44,091.50
YTD Amount:	\$	44,091.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.01721219</b>

<b>Gross Claim</b>	<b>\$</b>	<b>457,442.80</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>457,442.80</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>457,442.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
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**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00445852</b>

<b>Gross Claim</b>	<b>\$</b>	<b>118,492.64</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>118,492.64</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>118,492.64</b>



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P O BOX 942850, SACRAMENTO, CA 94250-0001

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LAKE COUNTY TREASURER  
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	\$204,178,690.88	Percentage of collection:	0.13016381
Gross monthly apportionment:	\$26,576,676.33	County/City Ratio:	0.00199460

Gross Claim	\$	53,009.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	53,009.84
YTD Amount:	\$	53,009.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
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**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00134019</b>

<b>Gross Claim</b>	<b>\$</b>	<b>35,617.80</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>35,617.80</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>35,617.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

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Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.31055683</b>

<b>Gross Claim</b>	<b>\$</b>	<b>8,253,568.41</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>8,253,568.41</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>8,253,568.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA

95812 1859

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00444444</b>

<b>Gross Claim</b>	<b>\$</b>	<b>118,118.44</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>118,118.44</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>118,118.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**MARIN COUNTY TREASURER**

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00978122</b>

<b>Gross Claim</b>	<b>\$</b>	<b>259,952.32</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>259,952.32</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>259,952.32</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA 95338

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00071281</b>

<b>Gross Claim</b>	<b>\$</b>	<b>18,944.12</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>18,944.12</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>18,944.12</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00285164</b>

<b>Gross Claim</b>	<b>\$</b>	<b>75,787.11</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>75,787.11</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>75,787.11</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00629714</b>

<b>Gross Claim</b>	<b>\$</b>	<b>167,357.05</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>167,357.05</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>167,357.05</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**MODOC COUNTY TREASURER**  
204 COURT ST RM 101

ALTURAS CA 96101

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00079121</b>

<b>Gross Claim</b>	<b>\$</b>	<b>21,027.73</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>21,027.73</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>21,027.73</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA 93517

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00114139</b>

<b>Gross Claim</b>	<b>\$</b>	<b>30,334.35</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>30,334.35</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>30,334.35</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00812079</b>

<b>Gross Claim</b>	<b>\$</b>	<b>215,823.61</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>215,823.61</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>215,823.61</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**NAPA COUNTY TREASURER**  
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00419177</b>

<b>Gross Claim</b>	<b>\$</b>	<b>111,403.31</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>111,403.31</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>111,403.31</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**NEVADA COUNTY TREASURER**

PO BOX 128

NEVADA CITY CA 95959

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00269975</b>

<b>Gross Claim</b>	<b>\$</b>	<b>71,750.38</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>71,750.38</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>71,750.38</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.06443975</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,712,594.38</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,712,594.38</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,712,594.38</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**PLACER COUNTY TREASURER**  
2976 RICHARDSON DRIVE

AUBURN CA 95603

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00380642</b>

<b>Gross Claim</b>	<b>\$</b>	<b>101,161.99</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>101,161.99</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>101,161.99</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00113417</b>

<b>Gross Claim</b>	<b>\$</b>	<b>30,142.47</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>30,142.47</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>30,142.47</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.03289206</b>

<b>Gross Claim</b>	<b>\$</b>	<b>874,161.63</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>874,161.63</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>874,161.63</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.03445504</b>

<b>Gross Claim</b>	<b>\$</b>	<b>915,700.45</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>915,700.45</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>915,700.45</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**SAN BENITO COUNTY TREASURER**

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00159151</b>

<b>Gross Claim</b>	<b>\$</b>	<b>42,297.05</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>42,297.05</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>42,297.05</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**SAN BERNARDINO COUNTY TREASURER**  
PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.03996868</b>

<b>Gross Claim</b>	\$	<b>1,062,234.67</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,062,234.67</b>
<b>YTD Amount:</b>	\$	<b>1,062,234.67</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**SAN DIEGO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO CA 95812 2920

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.07799922</b>

<b>Gross Claim</b>	<b>\$</b>	<b>2,072,960.02</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,072,960.02</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,072,960.02</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.05924516</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,574,539.44</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,574,539.44</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,574,539.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.01529154</b>

<b>Gross Claim</b>	<b>\$</b>	<b>406,398.31</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>406,398.31</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>406,398.31</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**SAN LUIS OBISPO COUNTY TREASURER**  
PO BOX 1149

SAN LUIS OBISPO CA 93406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00459189</b>

<b>Gross Claim</b>	<b>\$</b>	<b>122,037.17</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>122,037.17</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>122,037.17</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.01397274</b>

<b>Gross Claim</b>	<b>\$</b>	<b>371,348.99</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>371,348.99</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>371,348.99</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**SANTA BARBARA COUNTY TREASURER**  
PO BOX 579

SANTA BARBARA CA 93102

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00838718</b>

<b>Gross Claim</b>	<b>\$</b>	<b>222,903.37</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>222,903.37</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>222,903.37</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.03392573</b>

<b>Gross Claim</b>	<b>\$</b>	<b>901,633.15</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>901,633.15</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>901,633.15</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**SANTA CRUZ COUNTY TREASURER**  
PO BOX 1817

SANTA CRUZ CA 95061

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00556855</b>

<b>Gross Claim</b>	<b>\$</b>	<b>147,993.55</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>147,993.55</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>147,993.55</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00771515</b>

<b>Gross Claim</b>	<b>\$</b>	<b>205,043.04</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>205,043.04</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>205,043.04</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**SIERRA COUNTY TREASURER**

PO BOX 376

DOWNIEVILLE CA

95936 0376

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00026776</b>

<b>Gross Claim</b>	<b>\$</b>	<b>7,116.17</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>7,116.17</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>7,116.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00208334</b>

<b>Gross Claim</b>	<b>\$</b>	<b>55,368.25</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>55,368.25</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>55,368.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.01114865</b>

<b>Gross Claim</b>	<b>\$</b>	<b>296,294.06</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>296,294.06</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>296,294.06</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.01734410</b>

<b>Gross Claim</b>	<b>\$</b>	<b>460,948.53</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>460,948.53</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>460,948.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.01168672</b>

<b>Gross Claim</b>	<b>\$</b>	<b>310,594.17</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>310,594.17</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>310,594.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**SUTTER COUNTY TREASURER**  
PO BOX 546

YUBA CITY CA 95992

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00403600</b>

<b>Gross Claim</b>	<b>\$</b>	<b>107,263.47</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>107,263.47</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>107,263.47</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA 96080

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00274331</b>

<b>Gross Claim</b>	<b>\$</b>	<b>72,908.06</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>72,908.06</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>72,908.06</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**TRINITY COUNTY TREASURER**

PO BOX 1297

WEAVERVILLE CA 96093 1297

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00117460</b>

<b>Gross Claim</b>	<b>\$</b>	<b>31,216.96</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>31,216.96</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>31,216.96</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**TULARE COUNTY TREASURER**  
COUNTY CIVIC CENTER RM 103E  
221 SOUTH MOONEY BL  
VISALIA CA 93291

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.01120899</b>

<b>Gross Claim</b>	<b>\$</b>	<b>297,897.70</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>297,897.70</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>297,897.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**TUOLUMNE COUNTY TREASURER**  
2 SOUTH GREEN ST

SONORA CA 95370

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00211074</b>

<b>Gross Claim</b>	<b>\$</b>	<b>56,096.45</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>56,096.45</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>56,096.45</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.01334317</b>

<b>Gross Claim</b>	<b>\$</b>	<b>354,617.11</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>354,617.11</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>354,617.11</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00370281</b>

<b>Gross Claim</b>	<b>\$</b>	<b>98,408.38</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>98,408.38</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>98,408.38</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00354044</b>

<b>Gross Claim</b>	<b>\$</b>	<b>94,093.13</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>94,093.13</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>94,093.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**BERKELEY CITY TREASURER**  
2081 CENTER STREET

BERKELEY CA 94704

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00143778</b>

<b>Gross Claim</b>	<b>\$</b>	<b>38,211.41</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>38,211.41</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>38,211.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**LONG BEACH CITY TREASURER**

333 W OCEAN BL

LONG BEACH CA 90802

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00644648</b>

<b>Gross Claim</b>	<b>\$</b>	<b>171,326.01</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>171,326.01</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>171,326.01</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100036A  
PAYMENT ISSUE DATE: 9/27/2011

**PASADENA CITY TREASURER**

PO BOX 7115

PASADENA CA

91109 7215

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 8/16/2011 TO: 9/15/2011

<u>Total amount collected:</u>	<b>\$204,178,690.88</b>	Percentage of collection:	<b>0.13016381</b>
Gross monthly apportionment:	<b>\$26,576,676.33</b>	County/City Ratio:	<b>0.00212606</b>

<b>Gross Claim</b>	<b>\$</b>	<b>56,503.61</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>56,503.61</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>56,503.61</b>